



Dear parent,

Perhaps, you may be filling out this application for the very first time. Or maybe, you're a returning family who is familiar with the CASE program and is eager to begin a new year. Whatever the case may be, we welcome you and look forward to serving you and your family. Please do not hesitate to ask your School Coordinator for assistance.

Attached, you will find the registration application. Please read it carefully. **We ask that you accurately answer all of the questions.** Also, please consider the following before you complete and turn in your application:

- If you register more than one child at a school, you **will not** have to fill out a separate application for each child. One application is enough.

Proof of Guardianship

- If you are raising the child/children and are not the (mother or father), you must prove guardianship by:
 - Providing a written letter from the registrar or principal that you are the guardian due to
 - Providing a copy of the registration card

Single Parent Household

- You must complete the top portion of the Attorney General of Texas Verification of Child Support Income form regardless if you have applied for Child Support or not (provided at the end of the application).

Proof of Employment

- If you and/or your spouse are "salary" employed, you must provide the following:
 - **One** copy of **Two** recent check stubs (each stub must provide number of hours & week(s)/dates on the check)

*** When employment status changes, you must provide 2 new recent check stubs immediately.**

- If you and/or your spouse are "self" employed/contracted, you must provide one of the following:
 - Completed WorkSource Eligibility Self-Employment sheet (provided at the end of the application)
 - A copy of the check with the "employer" indicating the number of hours and the week(s) the check is designated for. (If the amount each time varies drastically, we will need "enough" checks to create an average.)

Proof of Additional Income

- If you and/or another family member (only in the Nuclear Family) are receiving SSI or TANF benefits, social security numbers and documentation are **mandatory** (official page with the person's name and the amount receiving – not entire document).

Proof of Training/College or Trade

- If you and/or your spouse are unemployed, you **must** be enrolled in one of the following:
 - 25 hours a week training workshop at your child's school.
 - 25 hours a week training at a vocational school of your choice.
 - At least 9 hours (9 semester hours x 3 = 27 hours a week) as a college/university student.

***College/Trade school schedules and registration of those classes with a fee stamp must be attached. Every time the schedule is updated, you must provide new documentation immediately.**

***Receiving training at your child's school – you must complete the training section of the application including the instructor's signature and/or provide a class schedule. Every time the training schedule is updated, you must provide a new schedule including the instructor's name and signature.**

***You and your spouse combined must reach a minimum of 50 hours a week, whether one of you is training and the other is working, or vice versa. Each person must have a minimum of 25 working/ training/ educational hours per week for your student to be eligible for the program. This means, that if you're working 40 hours, your spouse must enroll in 25 hours of training on a weekly basis. If you're working 10 hours, and your spouse is enrolled in 25 hours of training, your student is ineligible because you are not working a minimum of 25 hours. If you are enrolled for 8 semester hours and your spouse is working a minimum of 25 hours, your student is ineligible because you are actually only enrolled for 24 hours (8 semester hours x 3 = 24 hours a week).**



PARTICIPANT INFORMATION

Please complete one registration form per household
(only "Nuclear Family" - Parent(s) & child/children -- no grandparents/uncles/aunts/ cousins, etc) unless a proven Guardian

Date: _____ School: _____

List your student(s) name(s) participating in the program: 1. _____ 2. _____
3. _____ 4. _____ 5. _____ 6. _____

FAMILY INFORMATION

Please provide the information below for every person in the household that is in the "nuclear family".
Household members of registered students are eligible to participate in services provided by the after-school program.

| Name (Last, First) | Date of Birth | Social Security # (required) | Grade | Relationship |
|--------------------|---------------|---------------------------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Number of Nuclear Family Members in this household _____

Home Phone: _____ Cell/Work Phone: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Emergency Phone: _____

Email Address: _____ Email Address: _____

Ethnicity:

African American Hispanic Bilingual Special Education
 Asian or Pacific Islander Native American ESL/LEP Disabled
 Caucasian Other _____ New to School Migrant

Is any child on any medication? No Yes
If yes, please list _____

Is any child allergic to anything (including food items)? No Yes
If yes, please list _____

Does any child have any health problems? No Yes
If yes, please list _____

Can this child /these children participate in all recreational activities? No Yes
If no, please list _____

ADMISSION INFORMATION

I understand that I must review all options on this page in order to enroll my student(s) in the CASE (Cooperative for After-School Enrichment) Program.

Parent (Guardian) Name _____

Student Name(s) 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Immunization Records

I hereby acknowledge that my student(s) immunization records are on file at this campus.

Transportation

I hereby give consent for my child/children to be transported and supervised for emergency care.

Field Trips

After completing the required District/School Fieldtrip form, I hereby provide consent for my child/children attending to participate on each individual fieldtrip.

Water Activities

I hereby give consent for my child/children to participate in the following water activities (if provided):

sprinkler play splashing/wading pools swimming pools water table play

Operational Policies

I acknowledge receipt of the facility's operational policies including those for discipline and guidance provided by the district/school and/or After-school Program.

Authorization for Student Release

The following people are authorized to pick up my child/children from the CASE After-School Program.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

| | | |
|--|----------|---------------|
| Name of Physician: | Address: | Phone Number: |
| Name of Emergency Medical Care Facility: | Address: | Phone Number: |

I give consent for the facility to secure any and all necessary emergency medical care for my child.

I acknowledge that I have honestly and accurately completed the information provided on this form.

Parent/Legal Guardian Signature _____ Date _____

I understand that my initials are required under each item (only Media/Video Release is optional) with intent to enroll my student in the CASE (Cooperative for After-School Enrichment) Program.

Parent (Guardian) Name _____

Student Name(s) 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Partnership Program

Parents or Caretakers Rights and Responsibilities

_____**_Initials**

By signing this form, parents or caretakers agree to establish paternity of their children, and if necessary, help obtain child support for their children. Parents must not use, sell, or possess marijuana or a controlled substance, or abuse alcohol. Parents or caretakers must be in school, training, or employed to be eligible. All changes in the composition of the household must be reported to the school within 15 days. There is a 30-day limit on the number of absences that a child may have in a 12-month period. This is a time limited program that will end on or before the end date of the school year. Caretakers are required to pay a monthly fee unless stated otherwise.

Student Conduct:

_____**_Initials**

I understand the CASE Partnership Program at Emerson Elementary School is an extension of the regular school program and follows all guidelines and policies of Houston ISD. I grant permission for my child to participate in the CASE Partnership Program.

Liability Waiver:

_____**_Initials**

I understand that if an accident occurs, I will not hold the staff, volunteers, the school, or the district liable. I will take full responsibility for any medical needs my child may have due to an accident in the CASE Partnership Program. I also understand that my child will be receiving food during the designated snacks. I understand it is my responsibility to pick my child up at the designated close time and if I am late picking him/her up, he/she will no longer be able to participate in the CASE Partnership Program. If I do not pick up my child by **6:00 p.m.** closing time, I know that the Houston ISD Police, or local police, or Children's Protective Services will be called.

Evaluation Participation Release:

_____**_Initials**

I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.

Student Transportation:

_____**_Initials**

- My child will walk home
 I will pickup my child by _____
 My child will ride the bus home

Media/Video Release:

_____**_Initials**

I give the school permission to videotape/photograph/audiotape and/or allow the videotaping, photographing, audio taping of my child.

A parent or caretaker's signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application.

Parent Signature _____

Date _____

WORK/TRAINING INFORMATION

Please provide work or training information for every person 18 years and older in the household (Nuclear Family).

| WORK INFORMATION | Household Member 1 (if applicable) | Household Member 2 (if applicable) | Household Member 3 (if applicable) |
|--|--|--|--|
| Employee Name | | | |
| Name of Employer | | | |
| Address of Employer | | | |
| Work Phone Number | | | |
| Supervisor Name | | | |
| Hours work per week | | | |
| Monthly Gross Income (before taxes) (include bonus and overtime) | \$ | \$ | \$ |
| Times paid per month | <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks (14 days) <input type="checkbox"/> Twice a month (2 set days in month) | <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks (14 days) <input type="checkbox"/> Twice a month (2 set days in month) | <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks (14 days) <input type="checkbox"/> Twice a month (2 set days in month) |

****Attach a copy of the most recent check stub for two pay periods per working member**

Additional Income (if applicable)

| | | |
|--|--|--|
| Do you receive Social Security/SSI? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Name of person receiving _____ Social Security # _____ Monthly amount \$ _____ |
| Do you receive TANF (Welfare)? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Name of person receiving _____ Social Security # _____ Monthly amount \$ _____ |
| Do you receive Unemployment? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Monthly amount \$ _____ |
| Do you receive Financial Aid? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Semester amount \$ _____ <input type="checkbox"/> Loan <input type="checkbox"/> Grant |
| Do you receive Child Support | <input type="checkbox"/> No Reason: | <input type="checkbox"/> Whereabouts unknown <input type="checkbox"/> Incarcerated <input type="checkbox"/> Deceased <input type="checkbox"/> Resides in another country <input type="checkbox"/> Pending order <input type="checkbox"/> History of physical/drug abuse <input type="checkbox"/> Other _____ <input type="checkbox"/> Yes Monthly amount \$ _____ |
| Other source of income (if applicable) | Type _____ | Monthly amount \$ _____ |

| TRAINING INFORMATION | COLLEGE OR TRADE SCHOOL INFORMATION |
|---|---|
| Name of Student: | Name of Student: |
| Program Name: | School Name: |
| School Address: | School Address: |
| Name of Instructor (Print): | Program Name/Type: |
| Signature of Instructor: | Enrollment Date: |
| Days of the Week: | Days of the Week: |
| Class Time (Start/End) Per Day: | Hours Per Day: |
| Hours Per Week: | Hours Per Semester: |
| Additional Family Member Training (if applicable) | Additional Family Member College or Trade (if applicable) |
| Name of Student: | Name of Student: |
| Program Name: | School Name: |
| School Address: | School Address: |
| Name of Instructor (Print): | Program Name/Type: |
| Signature of Instructor: | Enrollment Date: |
| Days of the Week: | Days of the Week: |
| Class Time (Start/End) Per Day: | Hours Per Day: |
| Hours Per Week: | Hours Per Semester: |

The following 3 forms (attachments) are to be completed only if they pertain to you:

Attention Parent(s)/Guardian(s)

Guardianship Verification Form

If you are considered a child's/children's Guardian, you must notify your School Coordinator, so she/he can have an Office Personnel complete the form.

Attorney General's Permission Form

If you are a single-parent household, you must complete the top portion of this form.

If you are a single parent and have filed for Child Support, you may attach the Attorney General document that states the recipients name, the provider name and the amount given. If your case is pending, please provide that document.

Self-Employment Verification Form

If you are self employed (owner, contracted, etc) and do not receive check stubs, please complete this form for employment verification. If you have problems or concerns with the form you may provide the following to assist you in verifying your monthly income:

Contractor: If you receive checks or a statement from the person providing your income (states their name and contact information, the number of hours, the actual days/weeks/month that the amount is for), then you may attach that with the form. Remember we need enough verification to determine monthly income for at least two months.

For those of you that have clients: If you can create a table similar to the verification form with client dates of service and cost of service for each date, then you may attach that. Remember we need enough verification to determine monthly income for at least two months.

Anyone: You may also attach a 1040 tax return to verify monthly income.

If the following forms (attachments) do not pertain to you, please place one big X across the entire page.

Guardianship Verification Letter

(Completed by School Personnel Only)

School Name _____

This letter is to verify that _____ is the
(Guardian Name)

Guardian of _____
(Student's name/Students' names)

_____ has been (his/her/their) guardian since
(Guardian Name)

(Date)

(He/She) is providing care for (this child/ these children) and attached are both sides of the school registration card to assist in this verification.

As a School Official (Principal, Counselor, Registrar, or Nurse) I am completing this form to the best of my knowledge with the documentation that has been provided and reviewed.

Name: _____

Title: _____

Signature: _____

Date: _____

Phone Number: _____



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT
CHILD SUPPORT DIVISION

Verification of Child Support Income

Date: _____

Applicant: _____

Applicant SSN: _____

Applicant DOB: _____

The above data is the parent's information

Name and Address of Requesting Payer: (name of absent parent) _____

Authority: _____ Name of Child(ren): _____

Requesting Authority Agent Name: _____

Telephone and fax number: _____

I hereby authorize the release of information requested on this verification form to the above named Requesting Authority

Applicant's Signature _____ Date _____

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.

Official OAG use only

The applicant listed above:

Does not have an active full service case with our agency.

Does have a registry only case with the county.

Does not have a registry only case with the county.

Does have an active full service case with our agency.

Applicant is cooperating.

Applicant is not cooperating.

The agency is not aware of a child support order.

The amount of court ordered child support is \$ _____ per _____ (week, month, etc.)

Signature - Title Date Comments: _____

SELF-EMPLOYED AND CONTRACTED SERVICES EMPLOYMENT VERIFICATION ONLY

Section 1

| | |
|--------------------------|--------------------------|
| Application Date: | Student Name: |
| Employee Name: | Relationship to Student: |
| Company Name: | Supervisor Name: |
| Company Address: | Company Phone Number: |
| Description of Business: | |

Section 2 - Section 2 will assist in determining the income for 2 months (approx. 8 weeks)

This section will assist in determining self-employment & contracted services for the month of: _____

| | | | |
|---------------------|----------------------------------|----------------------------|--------------------------|
| Week 1 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 1: |
| Week 2 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 2: |
| Week 3 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 3: |
| Week 4 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 4: |

Total Amount of Hours For This Month: _____ Total Income For This Month: _____

This section will assist in determining self-employment & contracted services for the month of: _____

| | | | |
|---------------------|----------------------------------|----------------------------|--------------------------|
| Week 1 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 1: |
| Week 2 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 2: |
| Week 3 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 3: |
| Week 4 | Date of service beginning on: | Date of service ending on: | |
| Wage per hour/week: | Hours Worked + (Tips) this week: | | Total income for week 4: |

Total Amount of Hours For This Month: _____ Total Income For This Month: _____

Section 3 – Required Signatures

I hereby attest that this is an accurate summary of income I received during this period. _____
Employee Signature Date

I hereby attest that this is an accurate summary of my employee's income during this period. _____
Supervisor Signature Date

YMCA LICENSED CHILD CARE PROGRAM ENROLLMENT FORM

To comply with State Licensing laws, all sections of this form must be completed in full before we can accept any child for care.

CHILD'S INFORMATION

Child's name: _____ Date of Birth: _____ Age: _____ Hm ph.#: _____
Child's home address (Street & Apt.#) _____ City: _____ Zip: _____
Date of Admission: _____ Date of Withdrawal: _____ Sex: M F (circle one)
Ethnicity: _____ Caucasian _____ African American _____ Hispanic _____ Asian _____ Other (check one)

NAME OF PARENT OR LEGAL GUARDIAN

Name: _____ Name: _____
Relation to Child: _____ Relation to Child: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
Home Phone #: _____ Home Phone #: _____
Place of Employment: _____ Place of Employment: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
Office Phone #: _____ Office Phone #: _____
Cellular #: _____ Cellular #: _____
Pager #: _____ Pager #: _____
Email address: _____ Email address: _____

Authorized to pick up child: Yes No* Authorized to pick up child: Yes No*

When a **parent is NOT authorized to pick up we **must** have a copy of court documentation.*

*In the case of divorce or legal separation are you: managing conservator possessory conservator legal guardian? (Check one) **Please provide copies of court documentation.***

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

If under age 18, separate form must be completed.

Name: _____ Name: _____ Name: _____
Address: _____ Address: _____ Address: _____
Relation to child: _____ Relation to child: _____ Relation to child: _____
Office #: _____ Office #: _____ Office #: _____
Cell/Pager #: _____ Cell/Pager #: _____ Cell/Pager #: _____
Home #: _____ Home #: _____ Home #: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

My child has a **regular physician**. Below is the information for my physician, clinic/hosp. preferences.
 My child does not have a regular physician. We **use any doctor on duty at the clinic/hospital listed below.**

Name of Child's Physician: _____ Address: _____ Phone #: _____
Clinic/Hospital Preference: _____ Address: _____ Phone #: _____

Is your child covered under any medical insurance policy? Yes No (Check one)

Insurance Co: _____ Insurance Co #: _____
Policy Holder's Name: _____ Policy #: _____
Mother's Date of Birth _____ Father's Date of Birth _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian

Date

PRE-SCHOOL CHILDREN: Must have separate medical statement sheet annually in compliance with TDPRS rules.

SPECIAL PROBLEMS/NEEDS

The YMCA believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special problems and needs including: allergies, existing illness, previous serious illness, and injuries, disabilities, hospitalizations in past 12 months, long-term, continuous use medication, etc. Please write in N/A if none apply to your child. _____

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child's school to help your child in these situations? Does your child have any limitations or require any special provisions? _____

Other comments: _____

Does your child require any special accommodations? Yes No
If yes, please contact Kashala Pope, Child Care Director 713-339-9015 x 1005.

Please read each statement below, then sign and date at the bottom of the page.

- My signature below acknowledges my understanding that as a participant in a state licensed child care, my child's records may be reviewed and/or photo copied by representatives of Texas Dept. of Protective and Regulatory Services.
- My signature below acknowledges my receipt of and my agreement to follow all policies in the Parent Handbook which includes YMCA **operational and parent policies**.
- My signature below gives my consent for my child to be transported and supervised by facility's staff in case of emergency, on field trips, to and from home, and to and from school if applicable. [] **Yes** [] **No**
- My signature below gives my consent for my child to participate in water activities such as a splashing pool, swimming pools, and other bodies of water provided by the facility. [] **Yes** [] **No** (Check one)
- My signature below gives my consent for my child to be photographed and/or video taped participating in the program. [] **Yes** [] **No** (Check one)
- My signature acknowledges that I understand the school district is not responsible for incidents/accidents that occur during afterschool hours.
- My signature below gives my consent for my child to play on the **school playground which may not meet all Child Care Licensing safety standards**.
- My child attends the following school and his/her immunization record is on file at the school and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Health.

Name of School: Emerson Elem. **Grade:** ___ **Address:** 9533 Skyline, Houston TX 77063 **School ph#** 713-917-3630

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Signature of Parent or Legal Guardian

Date



Date _____

Program Participant Name _____

Address _____

Phone# _____

YMCA Facility & Program _____

I hereby give and grant to the YMCA of Greater Houston Area, a Texas Corporation, its branches, affiliates, subsidiaries and their successors and assign the right to use, with or without copyright, my name and all pictures, photographs, reproductions, transparencies, motion pictures and recordings, both video and sound, taken of or made by myself or my family that said company has produced or had produced for it with full freedom to retouch said pictures, photographs, reproductions, transparencies, motion pictures and/or edit statements as may be necessary in its judgment for proper presentation and to use or cause to be used, all such pictures and recordings, both video and sound, for all purposes for an unlimited period of time in all media throughout the world.

The undersigned does hereby release said YMCA of Greater Houston Area, its branches, affiliates, and subsidiaries, and their successors and assigns, from any and all claims for damage of libel, slander, invasion of right of privacy, or any other claim based on the use of said material.

No promises have been made to me to secure my signature to this release other than the consideration named above.

I hereby warrant that I am full age and have every right to contract my own name in the above regard.

Signature of Parent or Guardian

Date

Questions?

Please contact Robin Davidson, Director of Communications
YMCA of Greater Houston
713-758-9114